SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page (check only

FOR LINE NUMBER:						PAGE		6	OF		56
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Physician Assistants Political Action Committee (PA PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Butterfield Vickery, Kristin, , , Date of Receipt Mailing Address 8713 Gateshead Rd 2017 City Zip Code State Transaction ID: A73320652487E41ED830 VA Alexandria 22309-4020 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AAPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 237.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Butterfield Vickery, Kristin, , , Date of Receipt Mailing Address 8713 Gateshead Rd 2017 City State Zip Code Transaction ID: A919D3D20785041BEBC0 VA Alexandria 22309-4020 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AAPA** Staff Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 268.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Butterfield Vickery, Kristin, , , Date of Receipt Mailing Address 8713 Gateshead Rd 2017 City Zip Code State Transaction ID: AD495F6A45E7B42C19E3 Alexandria VA 22309-4020 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AAPA Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 299.50 Other (specify) 93.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....